

# State of New Hampshire

## Bureau of Emergency Communications

For Office Use Only  
3/29/06-surcharc

### Responsible's Parties (RP) Amended Surcharge Report

For The Calender Month Of \_\_\_\_\_ or Fiscal Month: from \_\_\_\_\_ to \_\_\_\_\_

Number of NH Hampshire customers at the end of this month \_\_\_\_\_.

Name of Responsible Party \_\_\_\_\_

EIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$Dollars\$\$\$\$\$\$\$\$\$\$\$\$.

Description	Original	Amended	Adjustment
1. Gross surcharges billed for the month			
2 Deductions, credits, and exemptions:			
a. Statutory exemption for > 25 lines per customer billing account			
b. Write offs net of recoveries			
c. Customers refusing to pay the surcharge			
d. Credit from prior period (identify month and year)			
e. Suspended Lines			
f. Other (identify)			
2g. Total deductions (lines (a) through (f))			

3 NET AMOUNT OF SURCHARGE DUE (line (1) less line (2g))			
4 Interest and Penalties			
a. Interest (see instructions)			
b Failure to pay (see instructions)			
c Failure to File (see instructions)			
d Total of (lines 4 (a) through (c))			
5 PAY THIS AMOUNT (line (3) plus line (4d.))			

Under penalties as provided by law, I declare that I have examined this report and to the best of my knowledge and belief it is true, correct, and complete. If prepared by other than the responsible party, this declaration is based on all information of which he/she has knowledge.

Date	Signature of Officer or Owner	Title
Date	Signature of Individual or Firm Preparing This Return (_____) _____ Preparer's Telephone Number	EIN

Make checks payable to: **Director-NHBEC (E-9-1-1)**      **Mail To:**  
emer\_surcharg\_amend

State of New Hampshire  
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